



May 1, 2012

Department of Medical Assistance Services



Commonwealth of Virginia

http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx

www.dmasva.dmas.virginia.gov

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderServices>

Pharmacy Resource Guide

IMPORTANT: This is a reference guide for pharmacy providers and not for distribution to Medicaid or FAMIS enrollees. The Information contained in this guide is subject to change without notice

Table of Contents

Verifying Eligibility for MCO Medicaid and FAMIS Members.....	3
The Department of Medical Assistance Services (DMAS)	4
Medallion II and FAMIS Benefits	4
FAMIS Cost Sharing	4
Medallion II/FAMIS MCO Participation by Locality	5
MCO Pharmacy Information	8
Anthem Pharmacy Information.....	9
CareNet Pharmacy Information	10
MajestaCare Pharmacy Information	11
Optima Pharmacy Information	12
Virginia Premier Pharmacy Information.....	13
Virginia Medicaid Permanent Plastic ID Card	14
Pharmacy Preauthorization Services Contact Information.....	15

Verifying Eligibility for MCO Medicaid and FAMIS Members

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.viriniamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
---	--	--

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

The Department of Medical Assistance Services (DMAS) administers the Medicaid and FAMIS Plus programs, in accordance with Title XIX of the Social Security Act (FAMIS Plus is Virginia Medicaid’s designation for its covered children). DMAS also administers the Virginia Children’s Health Insurance Program (CHIP), known as FAMIS (Family Access to Medical Insurance Security) under Title XXI of the Social Security Act. Medicaid and FAMIS programs are financed by Federal and State funds, administered by the State according to Federal and State guidelines, and are monitored closely by DMAS staff and the Centers for Medicare and Medicaid Services (CMS).

Medallion II and FAMIS Benefits

The MCO shall be responsible for covering all medically necessary drugs for its members that by Federal and State law requires a prescription. The MCO shall cover prescription drugs prescribed by providers licensed and/or certified as having authority to prescribe the drug. The MCO is not required to cover Drug Efficacy Study Implementation (DESI) drugs.

The MCO shall cover atypical antipsychotic medications developed for the treatment of schizophrenia. The MCO shall ensure appropriate access to the most effect means to treat, except where indicated for the safety of the patient. The MCO shall not cover prescriptions for erectile dysfunction.

The MCO shall cover therapeutic drugs even when they are prescribed as a result of non-covered or carved-out services.

For drugs prescribed for an “emergency medical condition” the MCO must pay for at least a 72 hours supply of the drug to allow the MCO time to make a decision.

More information on pharmacy management can be found at http://dmasva.dmas.virginia.gov/Content_atchs/mc/mc-mdl2_cntrct710.pdf.

FAMIS Cost Sharing

Prescription Drugs	Cost Sharing (see ID Card)
Retail, up to 34 day supply	\$2 - \$5 per prescription
Retail 35 – 90 day supply	\$4 - \$10 per prescription
Mail service up to 90 day supply	\$4 - \$10 per prescription
<i>(If a generic is available, enrollee pays co-payment plus 100% of the difference between the allowable of the generic drug and the brand drug.)</i>	

No cost sharing will be charged to American Indians and Alaska Natives

Note: There are no co-payments for individuals enrolled in Medicaid MCOs. Co-pays are administered under FAMIS.

Medallion II/FAMIS MCO Participation by Locality

Effective July 1, 2012

COUNTIES	FIPS	Amerigroup Community Care	Anthem HealthKeepers Plus	Southern Health CareNet	MajestaCare	Optima Family Care	Virginia Premier Health Plan
ACCOMACK	001		X			X	X
ALBEMARLE	003		X			X	X
ALLEGHANY	005	X	X	X	X	X	X
AMELIA	007		X	X		X	X
AMHERST	009			X		X	X
APPOMATTOX	011			X		X	X
ARLINGTON	013	X	X				
AUGUSTA	015					X	X
BATH	017	X	X	X	X	X	X
BEDFORD COUNTY	019	X	X	X	X	X	X
BLAND	021	X	X	X	X	X	X
BOTETOURT	023	X	X	X	X	X	X
BRUNSWICK	025		X			X	X
BUCHANAN	027	X	X	X	X	X	X
BUCKINGHAM	029		X			X	X
CAMPBELL	031			X		X	X
CAROLINE	033		X	X		X	
CARROLL	035	X	X	X	X	X	X
CHARLES CITY	036		X	X		X	X
CHARLOTTE	037					X	X
CHESTERFIELD	041		X	X		X	X
CLARKE	043	X	X				X
CRAIG	045	X	X	X	X	X	X
CULPEPER*	047	X					
CUMBERLAND	049		X	X		X	X
DICKENSON	051	X	X	X	X	X	X
DINWIDDIE	053		X	X		X	X
ESSEX	057		X	X		X	
FAIRFAX COUNTY	059	X	X				
FAUQUIER	061	X	X				
FLOYD	063	X	X	X	X	X	X
FLUVANNA	065		X			X	X
FRANKLIN COUNTY	067	X	X	X	X	X	X
FREDERICK	069	X	X				X
GILES	071	X	X	X	X	X	X
GLOUCESTER	073		X			X	
GOOCHLAND	075		X	X		X	X
GRAYSON	077	X	X	X	X	X	X
GREENE	079		X			X	X
GREENSVILLE	081		X			X	X
HALIFAX	083		X			X	X
HANOVER	085		X	X		X	X
HENRICO	087		X	X		X	X
HENRY	089	X	X	X	X	X	X
HIGHLAND	091	X	X	X	X	X	X
ISLE OF WIGHT	093		X			X	X
JAMES CITY COUNTY	095		X			X	
KING & QUEEN	097		X	X		X	
KING GEORGE	099		X				X
KING WILLIAM	101		X	X		X	X

Medallion II/FAMIS MCO Participation by Locality

Effective July1, 2012

COUNTIES	FIPS	Amerigroup Community Care	Anthem HealthKeepers Plus	Southern Health CareNet	MajestaCare	Optima Family Care	Virginia Premier Health Plan
LANCASTER	103		X	X		X	
LEE	105	X	X	X	X	X	X
MIDDLESEX	119		X	X		X	
MONTGOMERY	121	X	X	X	X	X	X
LOUDOUN	107	X	X				
LOUISA	109		X			X	X
LUNENBURG	111		X	X		X	X
MADISON	113	X	X			X	
MATHEWS	115		X	X		X	
MECKLENBURG	117		X	X		X	X
NELSON	125		X			X	X
NEW KENT	127		X	X		X	X
NORTHAMPTON	131		X			X	X
NORTHUMBERLAND	133		X	X		X	
NOTTOWAY	135		X	X		X	X
ORANGE	137	X	X			X	
PAGE	139	X	X			X	X
PATRICK	141	X	X	X	X	X	X
PITTSYLVANIA	143					X	X
POWHATAN	145		X	X		X	X
PRINCE EDWARD	147		X			X	X
PRINCE GEORGE	149		X	X		X	X
PRINCE WILLIAM	153	X	X				
PULASKI	155	X	X	X	X	X	X
RAPPAHANNOCK	157	X	X				
RICHMOND COUNTY	159		X	X		X	
ROANOKE COUNTY	161	X	X	X	X	X	X
ROCKBRIDGE	163	X	X	X	X	X	X
ROCKINGHAM	165					X	X
RUSSELL	167	X	X	X	X	X	X
SCOTT	169	X	X	X	X	X	X
SHENANDOAH	171	X	X				X
SMYTH	173	X	X	X	X	X	X
SOUTHAMPTON	175		X			X	X
SPOTSYLVANIA	177		X				X
STAFFORD	179		X				X
SURRY	181		X	X		X	X
SUSSEX	183		X	X		X	X
TAZEWELL	185	X	X	X	X	X	X
WARREN	187	X	X				
WASHINGTON	191	X	X	X	X	X	X
WESTMORELAND	193		X	X		X	X
WISE	195	X	X	X	X	X	X
WYTHE	197	X	X	X	X	X	X
YORK	199		X			X	

Cities are listed on the next page





Medallion II/FAMIS MCO Participation by Locality

Effective July 1, 2012

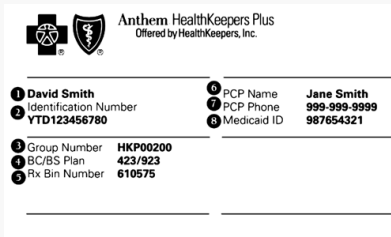
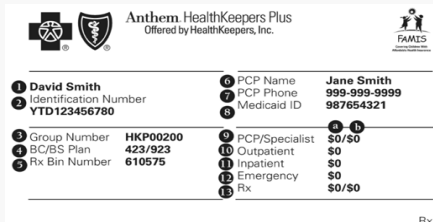
Cities	FIPS	Amerigroup Community Care	Anthem HealthKeepers Plus	Southern Health CareNet	MajestaCare	Optima Family Care	Virginia Premier Health Plan
ALEXANDRIA	510	X	X				
BEDFORD CITY	515	X	X	X	X	X	X
BRISTOL	520	X	X	X	X	X	X
BUENA VISTA	530	X	X	X	X	X	X
CHARLOTTESVILLE	540		X			X	X
CHESAPEAKE	550		X			X	X
COLONIAL HEIGHTS	570		X	X		X	X
COVINGTON	580	X	X	X	X	X	X
DANVILLE	590					X	X
EMPORIA	595		X			X	X
FAIRFAX CITY	600	X	X				
FALLS CHURCH	610	X	X				
FRANKLIN CITY	620		X			X	X
FREDERICKSBURG	630		X				X
GALAX	640	X	X	X	X	X	X
HAMPTON	650		X			X	X
HARRISONBURG	660					X	X
HOPEWELL	670		X	X		X	X
LEXINGTON	678	X	X	X	X	X	X
LYNCHBURG	680			X		X	X
MANASSAS CITY	683	X	X				
MANASSAS PARK	685	X	X				
MARTINSVILLE	690	X	X	X	X	X	X
NEWPORT NEWS	700		X			X	X
NORFOLK	710		X			X	X
NORTON	720	X	X	X	X	X	X
PETERSBURG	730		X	X		X	X
POQUOSON	735		X			X	
PORTSMOUTH	740		X			X	X
RADFORD	750	X	X	X	X	X	X
RICHMOND CITY	760		X	X		X	X
ROANOKE CITY	770	X	X	X	X	X	X
SALEM	775	X	X	X	X	X	X
STAUNTON	790					X	X
SUFFOLK	800		X			X	X
VIRGINIA BEACH	810		X			X	X
WAYNESBORO	820					X	X
WILLIAMSBURG	830		X			X	
WINCHESTER	840	X	X				X

*For Medicaid enrolled members residing in Culpeper, only Amerigroup Community Care is contracted to provide services in this area. The Federal Managed Care regulations give DMAS the authority to operate managed care using a single MCO system in a federally designated "rural" area. Unlike the Roanoke region that is not designated "rural," another health plan choice is not required in Culpeper. FAMIS enrolled members residing in Culpeper have the choice between the MCO and the fee-for-service program.


Amerigroup Pharmacy Information

Effective date:	July 1, 2012		
Rx Group number:	RXBIN: 004336 RXPCN: ADV RXGRP: RX4294		
Announcement:	Effective July 1, 2012, use the Caremark RXBIN 004336 for all primary claims.		
Action requested:	<ul style="list-style-type: none"> • Transmit the first nine digits of the member number as the patient's identification number • Transmit the last two digits of the member number as 00 for the dependent suffix code • Include date of birth, sex, prescriber identification and National Provider Identifier (NPI) number 		
Member ID card:	<p>Amerigroup members will carry the card illustrated below. If the member does not have a card, please call Amerigroup at 1-800-454-3730 for eligibility verification.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 45%;">  <p>Effective Date: MDYEFF Date of Birth: MDYDOB Subscriber #: MEMBERID</p> <p>AMERIGROUP VIRGINIA, INC. MEDICAID/FAMIS PLUS</p> <p>Member Name: MBRNAME Medicaid Number: MBRALTKEY Primary Care Provider (PCP): PCPNAME PCP Telephone #: PCPPHONE Vision: 1-800-428-8789 Dental: Smiles For Children - 1-888-912-3456 Pharmacy: 1-800-600-4441 TDD/TTY #: 1-800-855-2880 Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441</p>  </div> <div style="border: 1px solid black; padding: 5px; width: 45%;">  <p>Effective Date: MDYEFF Date of Birth: MDYDOB Subscriber #: MEMBERID</p> <p>AMERIGROUP VIRGINIA, INC. FAMIS PROGRAM</p> <p>Member Name: MBRNAME FAMIS Number: MBRALTKEY Primary Care Provider (PCP): PCPNAME PCP Telephone #: PCPPHONE Vision: 1-800-428-8789 Dental Coverage: Smiles For Children - 1-888-912-3456 Copays: Inpatient Hospital: \$0 Emergency Room Visits: \$0 Outpatient Hospital or Doctor: \$0 Vision: \$0 Pharmacy: \$0 (up to 34-day supply) \$0 (35 to 90-day supply) Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441</p>  </div> </div>		
Note:	Always ask to see the member's ID card. The member's Amerigroup and Rx Group number must be submitted through Caremark for proper claims processing.		
For more information:	For questions related to Eligibility Prior authorization requests Pharmacy help desk	Call 1-800-454-3730 1-800-454-3730 1-800-364-6331 (Caremark)	Options Follow prompts Follow prompts Follow prompts
	For nonclinical or technical questions, please call the Caremark help desk at 1-800-364-6331.		


Anthem Pharmacy Information

Effective date:	July 1, 2012
Rx Group number:	WLAA
Announcement:	Effective July 1, 2012, the Anthem Pharmacy Management will administer the prescription drug benefit for the Anthem HealthKeepers Plus program.
Action requested:	<p>Effective July 1, 2012, the Anthem Pharmacy Management will administer the prescription drug benefit for the Anthem HealthKeepers Plus program.</p> <p>Pharmacies must submit claims to Anthem Pharmacy Management through the Express Scripts Inc (ESI) claim System using:</p> <ul style="list-style-type: none"> - Rx Bin number: 003858 - New Rx Group number: WLAA - Member identifier: 11 numeric digits - PCN number: A4
Member ID card:	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>1 David Smith 2 Identification Number YTD123456780</p> <p>3 Group Number HKP00200 4 BC/BS Plan 423/923 5 Rx Bin Number 610575</p> <p>6 PCP Name Jane Smith 7 PCP Phone 999-999-9999 8 Medicaid ID 987654321</p> </div> <div style="text-align: center;">  <p>1 David Smith 2 Identification Number YTD123456780</p> <p>3 Group Number HKP00200 4 BC/BS Plan 423/923 5 Rx Bin Number 610575</p> <p>6 PCP Name Jane Smith 7 PCP Phone 999-999-9999 8 Medicaid ID 987654321</p> <p>9 PCP/Specialist \$0/\$0 10 Outpatient \$0 11 Inpatient \$0 12 Emergency \$0/\$0 13 Rx \$0/\$0</p> </div> </div> <p style="text-align: right; margin-top: 10px;">Rx</p>
Note:	Always ask to see the member's ID card. The member's Anthem HealthKeepers Plus and Rx Group number must be submitted through the ESI System for proper claims processing.
For more information:	<p>Providers should FAX forms to 1-800-601-4829 Retail Pharmacy Services help desk 800-662-0210 Prior Authorization 1-800-338-6180</p>

CareNet Pharmacy Information

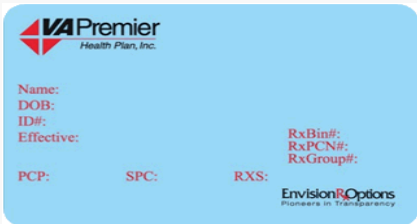

Effective date:	July 1, 2012
Rx Group number:	CVTYMCD
Announcement:	Effective July 1, 2012, Medco will administer the prescription drug benefit for the CareNet Medicaid program.
Action requested:	<p>Effective July 1, 2012, process claims for CareNet members using the newly issued member ID card.</p> <p>Pharmacies must submit claims to Medco through the TelePAID® System using:</p> <ul style="list-style-type: none"> - Rx Bin number: 610014 - New Rx Group number: CVTYMCD - Member identifier: 11 numeric digits <p>See sample ID card below.</p>
Member ID card:	
Note:	Always ask to see the member's ID card. The member's CareNet and Rx Group number must be submitted through the TelePAID System for proper claims processing.
For more information:	Contact the Pharmacy Services Help Desk toll-free at 1-800-378-7040 or visit the Pharmacist Resource Center at www.medco.com/rph .

MajestaCare Pharmacy Information

Effective date:	July 1, 2012
Rx Group number:	VM3A
Announcement:	Effective July 1, 2012, Express Scripts will administer the prescription drug benefit for the MajestaCare Medallion II and FAMIS members.
Action requested:	<p>Effective July 1, 2012 pharmacy claims for MajestaCare members (both Medallion II and FAMIS) are to be sent to:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>PHARMACY RxBIN 003858 RxPCN A4 RxGRP VM3A Pharmacist use only 1-800-824-0898</p>  </div>
Member ID card:	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">   </div> <div style="width: 48%;"> <p>MEMBERS Member Services 1-866-996-9140 TTY VA Relay 711 24-Hour Nurse Line 1-866-996-9140 In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.</p> <p>PROVIDERS Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.</p> <p>SEND MEDICAL CLAIMS TO MajestaCare – Claims Dept. PO Box 63545 Phoenix, AZ 85082-3545 PAYOR ID: XXXXX</p> <p>PHARMACY RxBIN 003858 RxPCN A4 RxGRP VM3A Pharmacist use only 1-800-824-0898</p> <p>MajestaCare 213 South Jefferson Street Suite 101 Roanoke, Virginia 24011</p> </div> </div>
Note:	Always ask to see the member's ID Card. The member MajestaCare ID number and RX Group number must be submitted for proper claims processing.
For more information:	<p>For additional information please Contact MajestaCare member services @ 1866-996-9140</p> <p>Pharmacists can also call 1800-824-0898</p> <p>Formulary and authorization forms can be found on our website www.Majestacare.com</p>

Contact the Pharmacy Services Help Desk toll-free at 1-866-244-9113 or visit the Pharmacist Resource Center at <http://providers.optimahealth.com/pharmacy>

Virginia Premier Pharmacy Information

Effective date:	July 1, 2012
Rx Group number:	009893
Announcement:	Effective July 1, 2012, ENVISION RxOptions will administer the prescription drug benefit for the Virginia Premier Medicaid program
Action requested:	<p>Pharmacies must submit claims to ENVISION RxOptions through the PharmScreens System using:</p> <p>Rx Bin number: 009893 PCN number: ROIRX Rx Group number: GP#V7HA, not necessary for claim adjudication</p> <p>Formulary/Utilization Management (Prior Approvals, Step-edits, Quantity Limits) VPH's PDL (Preferred Drug List) is a combination of open and closed therapeutic classes, and it can be found at our website: Medical Management>Preferred Drug Listing (PDL)">>Medical Management>Preferred Drug Listing (PDL)</p> <p>Specialty Drugs Referral and authorization forms for specialty drugs can be found at our website: Medical Management>Referral & Authorization Forms">>Medical Management>Referral & Authorization Forms</p>
Member ID card:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Medallion II / FAMIS Plus</p>  </div> <div style="text-align: center;"> <p>FAMIS</p>  </div> </div>
Note:	Always ask to see the member's ID card. The member's Virginia Premier and Rx Group number must be submitted through the PharmScreens System for proper claims processing.
For more information:	<p>ENVISION's Member/Pharmacy/Medical toll-free helpline 855-872-0005</p> <p>VPH's toll-free number 800-727-7536</p> <p>Physician PA fax line 877-503-7231</p>

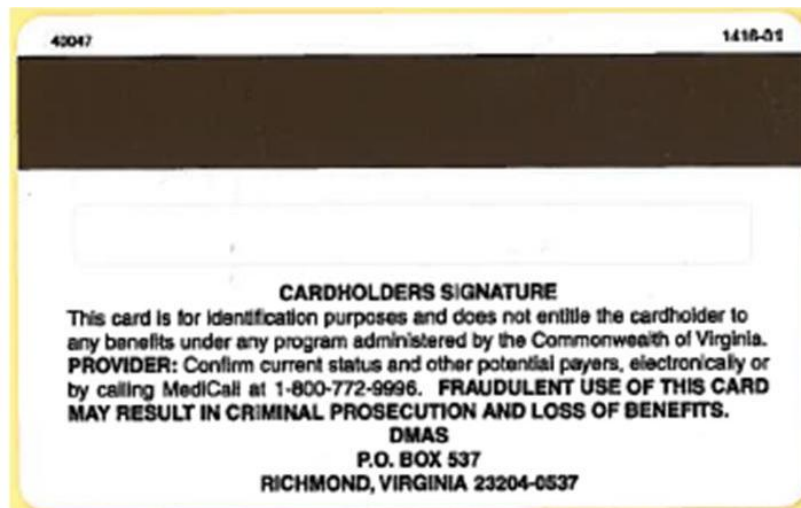
Virginia Medicaid Permanent Plastic ID Card

SAMPLE

FRONT



BACK



Providers will be able to identify members enrolled in an MCO by the member MCO ID card. If a Medicaid member seeks services through your pharmacy, you should always ask for their MCO member ID card or their plastic Medicaid card. **It is the pharmacist's responsibility to verify coverage.**

Pharmacy Preauthorization Services Contact Information

Plan	Formulary	Prior Authorization
<i>Amerigroup Community Care</i>	Closed Formulary	Amerigroup Pharmacy Department Provider phone: 1-800-454-3730 Provider fax: 1-800-359-5781
<i>Anthem HealthKeepers Plus</i>	Closed formulary	Providers should FAX forms to 1-800-601-4829 Retail Pharmacy Services help desk 1-800-662-0210 Prior Authorization 1-800-338-6180
<i>CareNet – Administered by Southern Health Services, Inc</i>	Closed Formulary	Pharmacy Services Help Desk 1-800-378-7040 Formulary Exception Requests Pharmacy Call Center Phone 1-877-215-4100 FAX 1-877-554-9137
<i>MajestaCare-A Health Plan of Carilion Clinic</i>	Closed Formulary	Phone: 866-996-9140 Pharmacy service authorization requests and medical records should be Faxed to: 855-321-9628. The pharmacy service authorization form is available on the website at: http://www.majestacare.com
<i>Optima Family Care</i>	Closed Formulary	Informed Rx Help Desk 1-866-244-9113 Pharmacy Department Fax 1-757-552-7516 1-800-750-9692
<i>Virginia Premier Health Plan, Inc.</i>	Formulary	EnvisionRxOptions ENVISION's Member/Pharmacy/Medical toll-free helpline: 855-872-0005 Physician PA fax line: 877-503-7231
<i>Fee-For-Service</i>	Formulary	Affiliated Computer Services (ACS) 1-800-932-6648 Fax: 1-800-932-6651 www.viriniamedicaidpharmacyservices.com